Attachment Nineteen Maternity Care Program Operational Manual Effective 1.1.15 Version I

	GLOBAL SUMMARY REPORT Quarter Being Reported:	
1	Number of deliveries	
2	\$ for DHCP delivery services	
3	\$ for DHCP and other services	
4	\$ other services	
5	\$ for anesthesia	
6	# ultrasounds	
7	\$ ultrasounds	
8	# home visits	
9	\$ home visits	
10	\$ associated cost	
11	\$ administative cost	
	\$ administative and other services	
13	\$ care coordinator total	
	\$ postpartum total	
15	Adjustments/recoups	
	Total	
16	TPL collected	
17	TPL reported	

Definition of Elements:

ONLY REPORT COSTS IN ONE CATEGORY

- 1 Report number of deliveries for which you received a global payment, including those wi
- 2 If your physician payment only includes delivery services, indicate total paid.
- 3 If your physician paymentincludes delivery and other services, indicate total paid.
- 4 If your hospital payment is for services other than inpatient, indicate total paid.
- 5 Total paid for anesthesia services.
- 6 Number of ultrasounds provided
- 7 Total paid for ultrasound services.
- 8 Number of completed home visits.
- 9 Total paid for completed home visits.
- 10 Total paid for other services not defined in another category
- 11 If your administrative costs is only for operating expenses, indicate total paid.
- 12 If your administrative costs includes other costs and operating expenses, indicate total p
- 13 Total paid for care coordination services
- 14 Total paid for postpartum visits
- 15 The total dollar amount of monies recouped or adjusted this quarter
- 16 Total TPL collected from other payors
- 17 Total TPL amounts reported via claims

th TPL.

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